Department of Veterans Affairs

RADIATION RISK ACTIVITY INFORMATION SHEET

1. NAME OF VETERAN	2. DATE	3. CLAIM NUMBER C/CSS

EXPOSURE TO RADIATION DURING ACTIVE DUTY (Military)

Details about exposure to radiation from atmospheric and/or underwater detonation of a nuclear device include:

4. DATES AND PLACES OF TEST(S) (State, country, etc.)	5. OPERATION OR TEST-SHOT CODE NAMES

6. NUMBER OF TESTS YOU WITNESSED	7A. IDENTIFY THE UNIT OR ORGANIZATION YOU WERE WITH AT TIME OF TEST *(Ship, task group, company, squadron, etc.)*	7B. RANK AT TIME OF TEST

8A. DATES YOU WERE ASSIGNED TO PROJECTS	8B. IF YOU WERE DETAILED AT THE TIME OF EXPOSURE GIVE THE DUTY PLACE AND ORGANIZATIONAL UNIT FROM WHICH YOU WERE DETAILED

9. WAS A FILM BADGE ISSUED AND WORN? ☐ YES ☐ NO *(If yes, and no due to multiple exposures explain.)*	10. LIST THE NAMES OF OTHER MILITARY PERSONNEL WITH YOU AT THE TIME OF PARTICIPATION

11A. HOW FAR WERE YOU FROM THE CENTER OF GROUND ZERO AT THE TIME OF EACH EX

11B. WHERE WERE YOU AT THE TIME OF EXPLOSION? (Check appropriate box)

☐ IN THE OPEN ☐ IN A TRENCH ☐ IN A BUILDING ☐ IN A CLOSED GROUND VEHICLE ☐ IN AN AIRPLANE

☐ ON THE DECK OF A SHIP (EXPOSED) ☐ BELOW DECK ON A SHIP (NOT EXPOSED) ☐ OTHER *(explain)*

11C. DID YOU MOVE TO OR TOWARD GROUND ZERO AFTER THE EXPLOSION? *(If "YES," explain how soon after the explosion did you begin moving toward ground zero? How close to ground zero did you get?*

☐ YES ☐ NO

11D. HOW LONG DID YOU REMAIN IN THE EXPLOSION AREA INITIALLY?	11E. HOW LONG DID YOU REMAIN IN THE EXPLOSION AREA AFTER ADVANCING TOWARD GROUND ZERO?

11F. DID ANYTHING UNUSUAL HAPPEN DURING THE TEST SUCH AS AN UNEXPECTED CHANGE IN WIND DIRECTION, SEVERE DUST CONDITION, ETC.? *(If "YES," please explain what happened.)*

☐ YES ☐ NO

Details about exposure to radiation while performing military duties during the American occupation of Hiroshima or Nagasaki.

12A. IDENTIFY THE UNIT OR ORGANIZATION YOU WERE WITH AT TIME OF EXPOSURE *(Ship, task group, company, squadron, etc.)*	12B. RANK AT TIME OF EXPOSURE	13. GIVE THE DUTY PLACE AND ORGANIZATIONAL UNIT FROM WHICH YOU WERE DETAILED

14. DESCRIBE YOUR ACTIVITIES DURING THE ENTIRE PERIOD OF EXPOSURE *(e.g. whether or not you went ashore, length of time ashore, activities while ashore, etc.)*

Details about exposure to radiation because of your military duties (e.g. X-ray technician, etc.) should be explained.

15. PROVIDE DATES, PLACES AND CIRCUMSTANCES OF EXPOSURE TO IONIZING RADIATION.

EXPOSURE TO RADIATION PRIOR TO AND AFTER SERVICE (Non Military)

Details about exposure to radiation and related information about yourself, your family and your employment include:

16A. GIVE A JOB HISTORY AND DETAILS ABOUT YOUR EXPOSURE TO RADIATION OR ANY CANCER-CAUSING SUBSTANCES *(Chemicals, etc.)* WHILE PERFORMING THESE JOBS.

16B. GIVE DATES, PLACES AND CIRCUMSTANCES OF EXPOSURE.

17A. GIVE DETAILS ABOUT YOUR EXPOSURE TO RADIATION OR ANY CANCER-CAUSING SUBSTANCES **FROM MEDICAL SOURCES**

17B. GIVE DATES, PLACES AND CIRCUMSTANCES OF EXPOSURE.

18. IF YOUR DISABILITY IS SKIN CANCER, GIVE DETAILS ABOUT SUN EXPOSURE. CHECK ANY BOX THAT PERTAINS TO YOU.
(If you check a box give a detailed explanation.)

☐ JOB(S) THAT REQUIRED YOU TO WORK OUTDOORS ☐ SPENT A GREAT DEAL OF YOUR LIFE IN THE SUN

19. IF YOU HAVE EVER SMOKED, CHECK THE APPROPRIATE BOXES BELOW **AND** EXPLAIN HOW OFTEN

A. DO YOU CURRENTLY SMOKE?	B. WHAT TYPE OF TOBACCO PRODUCT USED?	C. HOW OFTEN?
☐ YES ☐ NO	☐ CIGAR ☐ CIGARETTE ☐ PIPE ☐ CHEWING	

20. HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN DIAGNOSED AS HAVING CANCER OR LEUKEMIA?

☐ YES ☐ NO *If "YES," check the appropriate box(es) at right.)* ☐ PARENTS ☐ BROTHERS ☐ SISTERS

NOTE: The following type of information regarding your exposure to radiation may also be helpful.

21. ATTACH OR SEND US STATEMENTS OF PERSONS WHO KNOW ABOUT YOUR EXPOSURE TO IONIZING RADIATION

22. ATTACH OR SEND ANY EVIDENCE OR SOURCE OF EVIDENCE WHICH SHOWS YOU WERE EXPOSED TO RADIATION